





The Etiology of Dipsoomania
AND
Hereditv of "Alcoholic Inebriety."

BY LEWIS D. MASON, M.D.,

Consulting Physician of the Inebriate Asylum, Fort Hamilton, N. Y.

[From Quarterly Journal of Inebriety, October, 1888.]



HARTFORD, CONN.:
PRESS OF THE CASE, LOCKWOOD & BRAINARD COMPANY.
1888.

THE ETIOLOGY OF DIPSOMANIA AND HERED- ITY OF "ALCOHOLIC INEBRIETY."

BY LEWIS D. MASON, M.D.,

Consulting Physician of the Inebriate Asylum, Fort Hamilton, N. Y.

The term inebriety, in a general sense, implies an intoxication from any inebriating or intoxicating agent — opium, belladonna, cannabis indica, chloroform, or alcohol. But the term, in its popular meaning, is applied to alcoholic inebriation alone. It would seem more scientific to prefix the adjective in all instances, and thus define strictly what we mean to assert when we use the term "inebriety." Dr. Anstie used the term "alcoholism" to cover the various neurotic conditions resulting from alcohol, and peculiar to it, — *alcoholimus chronicus*, *delirium tremens*, *delirium potatorum*, *mania potatorum*, *ebrietas*, chronic alcoholic intoxication. Some of these being convertible terms, of the two, "alcoholic inebriety" and alcoholism, the latter would seem the most preferable. It is the shortest word and most expressive of the two. But the term inebriety has been in such general use and for so long a period that it will, in all probability, continue to be used as the synonym covering the

various conditions resultant from the action of alcohol on the nervous system, just as the term insanity is applied to the various conditions incident to the different degrees and forms of mental alienation.

We cannot write or speak intelligently concerning any of the neurotic conditions resulting from alcohol, unless we specify by its special name the form of the disease we are to consider. A careful attention to this point is of paramount importance to avoid confusion, and a diffusive and irregular manner of writing or speaking on this subject.

The successful pursuit of the study of any department of medicine, science, or literature presupposes an intelligent knowledge of the terms we may desire to employ, and the ability to apply those terms to the conditions, places, and objects they are supposed to represent. When, therefore, a prominent member of the medical profession, appearing as an advocate for the moderate habitual use of alcohol, "doubts the inherited evils which are propagated and handed down from drinking ancestors," we readily see how an unfortunate use of language necessitates a more specific statement or use of terms. To what does the writer allude? To pauperism, crime, or disease in the form of alcoholism, insanity, imbecility, idiocy, or the various neuroses often due to alcohol—epilepsy, chorea, paralysis, etc. These are some of the "inherited evils" that alcohol hands down to the children of drunkards and their children's children. There may be others who doubt the "inherited evils" that alcohol gives rise to. This is our apology, then, for presenting to the profession a few facts, which are so familiar to those who have dealt with "alcoholism" in its protean types.

And, first, we would submit for consideration the fact, "*That alcoholism in progenitors will produce physical and mental degeneration in their descendants and all the neuroses that arise from a defective nerve organization—epilepsy, chorea, paralysis—and all grades of mental degeneration from slight enfeeblement of intellect to insanity and complete idiocy. And, further, that the laws which regulate those degenerative*

changes, are similar in their mode of development and action to those that govern congenital degenerative changes from other inherited causes."

Plutarch, in his essay on "Delays of Divine Justice," thus writes: "The children of vicious and wicked men are derived from the very essence of their fathers. That which was fundamental in the latter, which lived and was nurtured, which thought and spoke, is precisely what they give their sons; it must not, therefore, seem strange or difficult to believe that there exists between the being which begets and the being begotten a sort of occult identity, capable of justly subjecting the second to all the consequences attending on the acts of the first." Plutarch also taught: "One drunkard begets another." Aristotle that: "Drunken women bring forth children like unto themselves." Plato forbade the use of wine to the newly married, while a greater than they said: "The fathers have eaten sour grapes and the children's teeth are set on edge."

And, amid the thunders of Mount Sinai, the finger of God wrote on tables of stone: "The sins of the fathers shall be visited upon the children."

Elam writes concisely on this point: "It is not necessary that children should always inherit the actual alcoholic tendencies of their parents in order to present a type of progressive degradation. Some of them may enter the world completely degenerate, in the condition of hopeless imbeciles or idiots." A forcible illustration of this point is found in Norway, when the spirit duty was removed in 1825. Between that time and 1835 the increase of insanity amounted to 50 per cent. on the previous proportion, but the increase of congenital idiocy was 150 per cent.

Dr. Howe, in the State of Massachusetts, examined the family history of 300 idiots, 145 were the children of intemperate parents.

Dr. Magnus thus testifies that, in Sweden, owing to the free consumption of spirits, the whole people are degenerating; insanity, suicide, crime are frightfully on the increase;

that sterility and the premature death of children is much more common, and that congenital imbecility and idiocy are in fearful proportion to the number born. And that children born of intemperate parents live intellectually up to a certain age, after which they either remain stationary or gradually sink back into a state almost resembling idiocy.

M. Morel writes: "I constantly find the sad victims of the alcoholic intoxication of their parents in their favorite resorts — asylums for the insane, prisons, house of correction. I as constantly observe, among them, deviations from the normal type of humanity, manifesting themselves, not only by arrests of development and anomalies of constitution, but also by those vicious dispositions of the intellectual order, which seem to be deeply rooted in the organization of these unfortunates, and which are the unmistakable indices of their double fecundation in respect of both physical and moral evil."

Dr. Morel had, again, an opportunity of proving the hereditary effects of alcoholism on the "children of the Commune." He inquired into the mental state of 150 children, ranging from 10 to 17 years of age, most of whom had been taken with arms in their hands behind the barricades. "This examination," he says, "confirmed me on my previous conviction as to the baneful effects produced by alcohol, not only on individuals who use this detestable drink to excess, but also their descendants. On their depraved physiognomy is impressed the threefold stamp of physical, intellectual, and moral degeneracy."

There is no doubt in his conclusions; so acute an observer as M. Morel regarded other considerations — the environments of unhealthy habitations, improper or insufficient food and clothing, and immoral associates that surrounded these unfortunates in addition to the deteriorating effects of alcohol. This is the argument of those who insist that we claim too much for the baneful effects of alcohol and consider too little other demoralizing influences.

Maudsley writes, in his work on "Responsibility on

Mental Disease": "A host of facts might be brought forward to prove that drunkenness in parents, especially that form of drunkenness known as dipsomania, which breaks out from time to time in uncontrollable paroxysms, is a cause of idiocy, suicide, insanity in offspring."

Richardson, in his "Cantor Lectures on Alcohol," writes: "Amongst the many inscrutable designs of nature none is more manifest than this, that physical vice, like physical feature and physical virtue, descends in line. Not one of the transmitted wrongs, physical or mental, is more certainly passed on to those yet unborn than the wrongs which are inflicted by alcohol."

Blanford, writing on the causes of insanity, says: "Though the parents may not have been insane, they may have become the subjects of neuroses, which in their progeny become insanity; they may have been 'chronic drunkards,' epileptics, hypochondriacs, etc."

Dr. Sykke, physician to the city hospital, Copenhagen, Denmark, writes: "Brühl Cramer, from a long examination of this subject, concludes that drunken parents are seldom prolific, and when so the children are stupid, malicious, and full of mental defects."

Skae collected 82 cases of dipsomania. In 32 cases inheritance was clearly marked. In collateral branches he found drunkenness, dipsomania, suicide, mental disease.

Thompson, another observer, quoted by Sykke, reports 20 cases, in 19 of which the inebriety was inherited; many of these families contained 2, 4, or 8 members either drunken, epileptic, or insane. In three families, reported by Sykke, both parents were drunken and insane; every member suffered from mental defects and epilepsy; dipsomania and suicide were common.

Dr. Martin, while interne at Salpêtrière, obtained data of heredity in 83 insane epileptics out of 130. Of these 83, in 60 cases he established intemperate habits in parents. There were 244 brothers and sisters in this class of 60 cases; 130 of these were dead; 112 were still living, mostly young;

many with defective nerve organizations. From the large preponderance of epilepsy over other neuroses, and inebriate heredity being established, he draws the conclusion "that alcoholism, in ancestry, is an extraordinarily frequent cause of eclampsia and epilepsy in their descendants."

The American testimony is equally conclusive on this point. The late Dr. D. G. Dodge, superintendent of the New York State Inebriate Asylum, writes: "Like all hereditary diseases, intemperance is transmitted from parent to child as much as scrofula, gout, or consumption. It observes the laws of transmitted disease. It sometimes overlaps one generation (atavism) and appears in the succeeding, or it will miss even the third generation and then reappear in all its former activity and violence. Hereditary inebriety, like all transmitted diseases, gives the least hope of a permanent cure, and temporary relief is all that can be reasonably expected."

Dr. Joseph Parrish, in his work on "Alcoholic Inebriety," considering "hereditary inebriates" and the "alcoholic diathesis," says: "Not only is there a transmission, but a transmutation of disease by heredity. Inebriety may descend as inebriety, but it is just as likely to change the form of its appearance into insanity or other allied morbid manifestation."

Dr. Dodge, already quoted, reports 42 cases out of the records of three hundred and sixty (360), as the offspring of intemperate parents, or one in eight; 36 had intemperate fathers, or 1 in 10; 6 had intemperate mothers, or 1 in 60; 9 had intemperate brothers and sisters, or 1 in 40; 66 had intemperate ancestors, exclusive of parents, on paternal side 36, or 1 in 10 — on maternal side 30, or 1 in 12.

My own observations on this point, endorse the statements of previous observers, and I therefore present the tabulated statement taken from a statistical report of 600 cases of alcoholic inebriety, treated at the Inebriates Home, Fort Hamilton, N. Y.:

INEBRIETY.		INSANITY.	
Fathers,	168	Fathers,	3
Mothers,	9	Mothers,	3
Fathers and mothers, .	12	Brothers,	6
Fathers and brothers, .	7	Sisters,	7
Fathers and sisters, . .	2	Mother and grand-	
Fathers and grandfathers, 7		mother,	1
Fathers and uncles, . .	4	Aunts,	4
Brothers,	16	Uncles,	6
Grandfathers,	12	Cousins,	7
Grandparents,	2	Grandparents,	1
Other relatives,	26	No insanity,	562
No inebriety,	335		
<hr/>		<hr/>	
Total	600	Total	600

Insanity of parents should be regarded as one of the predisposing causes to inebriety in their children (*vide* cases 167, 172, 204, 273, 278, 296, 360, 365, 366, 415, and 537). But the principal hereditary cause of inebriety is an inebriate father or mother, especially as these records show an inebriate father in 209 of the above 600 cases. It is also true that an inebriate parent will beget insane as well as inebriate offspring (*vide* cases 13, 123, 125, 252, and 413). Instances of atavism, a peculiarity recognized in other forms of diseases, are found in these records.

Cases 13, 116, 123, 125, 252, show an inebriate father and son and a son insane; cases 17, 87, 116, 442, show an inebriate father and two inebriate sons; cases 300, 386, 402, 445, 541, 568, 597, show father, mother, and son all to have been inebriates; cases 273 and 365, father and son were inebriates and mother insane; and in case 413, father, mother, and son were inebriates and sister was insane.

I may add that the observations of Dr. Norman Kerr, consulting physician to the "Dalrymple Home for Inebriates," and president of the Society for the Study and Cure of Inebriety, London, England, confirm these and similar statis-

tics. We might continue to quote, did space permit, from the published writings of Drs. Crothers, Parrish, Day, W. C. Wey, Wright, and other American observers. They fully endorse that which has already been presented.

Surely on the face of all this testimony we may advance the statement of Elam as an axiom. "*The offspring of the confirmed drunkard will inherit either the original vice or some of its countless protean transformations.*"

As the children of inebriates may inherit all shades and grades of a defective nervous system, we must not generalize but select from the various types of alcoholism — that type which best and most markedly demonstrates the hereditary tendencies of alcoholism. This is best shown in the form known as dipsomania — literally, thirst madness, an irresistible craving for alcohol in some form and this to intoxication — not insatiable, because the periodical dipsomaniac will have his sober interval, weeks or months perhaps, in which his craving will seem to be in abeyance. Dipsomania may be acquired; it is possible, by the frequent indulgence in alcoholic liquors, after a time to develop dipsomania, even when the subject had a good ancestral and personal history, and inherited none of the neuroses nor acquired none during his life preceding his use of alcohol. The degenerative effects of alcohol alone in this class of cases are the exciting and determining cause of the dipsomania. Some observers doubt and even deny that this class of drinkers become true dipsomaniacs; that a neurotic ancestry is essential to the development of a true dipsomaniac. Until more conclusive evidence is secured on this point we will allow it to rest as a mooted question.

A second class of dipsomaniacs are those who have had a good ancestral history and have no preceding history of alcoholic abuses or acquired disease, but after a head injury, or sunstroke, or cerebral concussion, with or without fracture or cerebral lesions from other causes, may suddenly become dipsomaniacs. Cases also in which insanity from other causes than alcohol precede or accompany the dipsomania properly belong to this class.

The third class, by far the most numerous, are those who have a history of inebriety or insanity, epilepsy, or other neuroses, in the direct line of descent generally, or in collateral branches, or in both; who inherit a weak, nervous organization; who become dipsomaniacs, not from habit or choice, but from necessity. The predisposing cause here is strongly marked and stands out vividly in the life history of the patient. The exciting cause may be of a slight character or one which a person of fair normal physique would overcome, but this class yields to and readily succumbs.

Dipsomania may then arise from one of several causes. It may be acquired from habitual use of alcohol; it may be accidental from a blow on the head, sunstroke, etc. The tendency may be and generally is inherited. The predisposing cause in this case is prominent and potent. The exciting cause is often trivial, and not always markedly present. It may be associated with the second or accidental class, constituting a mixed origin.

It is to the consideration of this latter class of cases — dipsomania by inheritance — true congenital inebriety — that we design to call attention and present in evidence the views of prominent observers.

The testimony of British medical experts before a select committee of the House of Commons, is as extensive as it is valuable. Physicians, magistrates, chiefs of police, governors and chaplains of prisons, and superintendents of insane asylums, all had their sadly uniform experience to relate of the evils of intemperance.

The investigation extended over several months and filled a blue book of over 600 pages. We will now proceed to abridge the testimony of the British experts, necessarily excluding much matter of interest not directly bearing on our subject, and confine ourselves to the medical testimony, especially as to heredity.

Dr. Francis Edmunds Anstie testifies:

“He was quite prepared to say that there is a distinction between the frequent drunkard and the man who has drunk

himself into a state of perfect want of resisting power, but he should say it is a matter of degree. But there is another affection connected with drink which is separated absolutely as a matter of kind, namely: the kind of drinking which is entirely paroxysmal, and which, so far as he knows, never occurs *except in persons of a certain hereditary conformation.*

"I know several such cases. Those persons are the children of families in which invariably, or almost invariably, insanity is hereditary, and very often drinking has been hereditary in a marked manner."

Dr. David Skae, physician to the Royal Edinburgh Asylum for Insanity, testified: Dipsomania he regarded as a species of moral insanity. *The causes were mostly hereditary*, although some were caused by blows on the head, hemorrhage with large loss of blood, and sometimes by disease of the brain."

Dr. Alexander Peddie, a physician of thirty-seven years' practice in Edinburgh, Scotland, has, for twenty years, paid especial attention to the causes and effects of intemperance, and also written upon the subject from a medical standpoint, testified:

"Sometimes a wasting disease, a severe nervous shock, a stroke of the sun, a blow on the head, heavy grief, or a reverse of fortune, will bring a mind which is in a somewhat weak state into the condition of an habitual drunkard, because recourse is had to stimulation in the first instance in order to overcome feebleness, to exhilarate or to comfort in some way or other. The disease may be acquired, springing out of vicious courses, *but in a large proportion of instances he believed that the habitual drunkard inherits the proclivity from drunken parents or from a constitutional insanity in his family, of which the most marked manifestation is a tendency to drink.* He could cite scores of cases that had come under his notice in proof of the transmission from drunken parents to their children, of a proclivity to drink."

Dr. John Nugent, twenty-six years Inspector-General of Lunatics in Ireland, testified:

“He knew of the case of a professional man who became intemperate, and each of whose four children were either malformed or insane. As to whether drunkenness leads up to disease or whether disease leads up to drinking; he thought they both acted on each other as cause and effect. If there is a predisposition to insanity, drink is sure to develop it, and, on the other hand, there are persons who show their insanity by a disposition to drink. He cited a case: one brother became a drunkard and the other brother insane, without showing any tendency to drink. In this case, the hereditary disposition showed itself in one by actual insanity; in the other by habitual drunkenness.”

Dr. Arthur Mitchell, Commissioner of Lunacy for Scotland, testified:

“In a great many cases frequent habitual drinking precedes this state (dypsomania), but not necessarily so; it sometimes appears without previous habits of drinking as the result of cerebral injury, of fever, of hemorrhage, of mental shock, of the commotion of the system which attends the establishment of puberty, or the arrival of the climacteric period. In the latter case, the disease, dypsomania, is a symptom and product of the disease, not the cause of it. Constant drinking may beget the disease. In some men habitual drinking leads to other diseases than insanity, because the effect is always in the direction of the proclivity, but it is certain that there are many in whom there is a clear proclivity to insanity who would escape that consummation but for drinking. Excessive drinking in many persons determining the insanity to which they are at any rate predisposed.

“The children of habitual drunkards are in a larger proportion idiotic than other children, and in a larger proportion themselves drunkards. They are also in a larger proportion liable to the ordinary forms of acquired insanity.”

Dr. Forbes Winslow testified:

“A large proportion of frightful mental and brain disturbances can be traced to the drunkenness of parents, confirming the great physiological law that ‘like begets like.’”

Dr. Robert Druitt testified:

"In many cases the condition which gives rise to inebriation is heredity, as a drunken father and mother, or a half-insane or eccentric father or mother would be likely to have drunken children."

This will close our extracts from the testimony of British experts before the special committee, but before taking a final leave, let me call attention to the writings of the late Dr. F. E. Anstie, who was one of the first to testify before the committee, but as he has recorded his views more fully we will quote from his writings on the subject :

"There is another kind of predisposition which is *constant in its operation* (the italics are his own) and which is probably at least as influential, both in producing alcoholic excess and in aggravating its ill effects as any of these occasional causes which have been enumerated (ill health, mental shock, neurasthenia from any cause, injury) viz., *a peculiar inherited constitution of the nervous system*. In the course of a large experience of alcoholism among hospital out patients, I have been greatly struck with the number of drinkers who have informed me that their relatives either on the paternal or maternal side have been given to drink ; my own experience has led me to a firm conviction that particular causes of nervous degeneration affecting individuals, do very frequently lead to the transmission to the offspring of those persons of an enfeebled nervous organization which renders them peculiarly liable to the severer neurosis and which also makes them facile victims of the temptations to seek oblivion for their mental and bodily pains in narcotic indulgence. I believe that things often work in a vicious circle to this end, and that the nervous enfeeblement produced in an ancestor by great excesses in drink, is reproduced in his various descendants with the effect of producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on. Among the higher classes where it is easier than in the case of the poor to obtain tolerably complete family histories extending over two or three generations, careful inquiry elicit facts of this kind with surprising frequency.

So strong is the impression left on my mind by what I have observed in this direction, that I am inclined to believe that the great majority of most inveterate and hopeless cases of alcoholic excesses among the higher classes are produced by two factors, of which *the least important* is the circumstance of external momentary temptation, in which the person has been placed where the *more momentous and mighty cause* is derived from an *inherited* nervous weakness, which renders all kinds of bodily and mental trouble specially hard to be borne. It need hardly be remarked that in this view of the case, the fatal rapidity with which habits of intemperance exaggerate themselves is only what might be expected.”*

Finally let us close this line of testimony by that of Dr. Andrew Clark of London, physician-in-ordinary to her majesty the Queen, and an extensive, experienced, and leading London practitioner, who, in a lecture delivered in London in 1881, thus refers to “heredity” in connection with “alcoholism”:

“There is another side as well of this question, and it is no abuse of language to say it is an *awful side*. It would be bad if we men who abuse alcohol were to suffer in ourselves, and to suffer in those around us whom we love or ought to love, surely that is terrible enough to prevent men from using alcohol freely; but there is even a more terrible statement than that behind, it is not they alone who suffer, but so soon as a man begins to take one drop more than what I have called the “physiological quantity,” the desire is not only begotten in him, but the desire becomes a part of his very nature and that nature so formed by his acts is calculated to inflict curses inexpressible upon the earth when handed down to the generations that are to follow after him as a part and parcel of their being. And I ask, what are you to think of those who are born of drunkards, who come into the world, so to speak, with a curse not only upon them, but in them, the terrible desire for that which is to blast them speedily, a desire which no human power can save them from, and which God alone in His wisdom and mercy can protect them from? What an awful thought is this. Can there be any man here present who, if he is taking more

* “Anstie on Alcoholism.” “Reynold’s System of Medicine.”

than he ought to take, is indifferent to all this? How can he think without dread of this terrible fact, for fact it is as surely as two and two make four, that this desire is becoming part of his nature, and that he is handing it down, not for good, but for the most terrible evil that man can suffer, unto generations yet unborn."

French authorities are equally explicit. Magnan, physician to St. Anne Asylum, Paris, defines dipsomania as a peculiar form of instinctive monomania having its source most frequently in heredity. M. Trélat brings out clearly the difference which exists between the alcoholic and the dipsomaniac. "Drunkards," he says, "are people who get drunk when they find an opportunity of drinking." "Dipsomaniacs are diseased persons who get drunk whenever their attack seizes them."

We might thus go on and exhaust the leading authorities of all nationalities. They all agree that there is an hereditary form of "alcoholic inebriety." But we have, I think, fully proven and are able to endorse the proposition of Elam which we again repeat: "*The offspring of the confirmed drunkard will inherit either the original vice or some of its countless protean transformations.*"

Some points of interest arise in connection with the subject of alcoholic heredity.

Gintrac taught "that the children of female drunkards, if they escape the morbid influences which compromise their existence in the womb of their mothers or at birth, are often idiots, insane, imbeciles, or epileptics."

The life of the foetus may be threatened, intemperate women miscarry; should this crisis be passed, the child may be born an idiot; should it at its birth be apparently normal intellectually and physically, it may develop later on mental and physical characteristics having the alcoholic imprint, it may become epileptic, choreic, or a dipsomaniac; if the latter, then at what period will the individual first exhibit his alcoholic proclivities? The following tabulated statement which I have taken from my study of 600 cases may be of interest on this point.

Etiology of Dipsomania and Heredity of Inebriety. 17

Age.	Cases.	Age.	Cases.
10 to 15,	26	10 to 15,	26
15 " 20,	121	15 " 25,	294
20 " 25,	173	25 " 35,	207
25 " 30,	111	35 " 45,	49
30 " 35,	96	45 " 55,	23
35 " 40,	29	55 " 60,	1
40 " 45,	20		
45 " 50,	12		
50 " 55,	11		
55 " 60,	1		
<hr/>		<hr/>	
Total,	600	Total,	600

In 501 cases, or in over five-sixths of the 600, the diseased tendency manifested itself between the ages of 15 and 35, and in the larger proportion of cases (294) between the ages of 15 and 25.

The question also arises, can we prognosticate which child in a family of several will be apt to follow in the footsteps of the inebriate father or mother, or inherit the terrible legacy?

Giron states that "hunters have a proverb which says 'Chien de chienne et chienne de chien,'" meaning that the mother's qualities are found in the son and the father's in the daughter. Buffon also held to cross heredity, but we presume that the same laws that apply to other inherited diseases will apply here also, so that the subject of it can be placed under early espionage and guarded accordingly.

Another point of interest and of practical importance is suggested by the following consideration: Can a couple, otherwise sober, one or the other or both being drunk during the act of conception impress the result of that conception? In other words, will the offspring be modified injuriously by the condition of the parents at the time of the conception? will the child be idiotic, feeble-minded, imbecile, or inherit and develop the "inebriate diathesis"? Voisin reports twelve epileptics whose parents were drunk during the

honeymoon. However difficult to prove, there is a possibility in tracing out an alcoholic lesion, to overlook this intoxication of the parents, otherwise sober, at a special time as the cause.

We might continue to carry out many lines of thought: How shall we deal with the subject of the "inebriate diathesis"? How shall he conduct himself socially? Ought he to contract marriage? How shall we protect him from contact with alcohol in any form, either as a beverage or a medicine? Can we eradicate the "inebriate diathesis" from the family whose destruction it eventually threatens? The value of a knowledge of the "diathesis" in regulating our prognosis, as to the future of special cases of inebriety. The use of malt or spirituous liquors during the period of lactation.

Many other considerations might occupy our attention and repay our researches in this important field of medical science. But in this paper, we shall not be able to discuss in detail all the collateral branches of this important subject, but simply call attention to them.

In conclusion, and in view of all the testimony that we have collated as to an hereditary form of inebriety, we assert:

First—Alcoholism in parents produces a degenerate nervous system in their children, and subjects them to all forms of neuroses: epilepsy, chorea, paralysis, mental degeneracy, from slight enfeeblement to complete idiocy and insanity

Secondly—Alcoholism in parents produces a form of inebriety in their children known as dipsomania, which in the large majority of cases is inherited in the same manner that other diseases are inherited, and we can with propriety and correctness use the term "Alcoholic or Inebriate Diathesis" in the same sense that we use the term "Tubercular Diathesis," or other terms indicating special tendencies to other inheritable diseases.

Some physicians of experience will not accept the term "inebriate diathesis," and will not endorse the idea that the inebriate becomes an inebriate in the same manner the con-

sumptive inherits a "tubercular diathesis," or the scorbutic, scrofula, or the "congenital syphilitic," syphilis; but believe that the majority of cases of dipsomania are acquired; they acknowledge that the dipsomaniac is irresponsible for his acts, and cannot control his desire, and fully accord with all these views, but believe that the dipsomania, now a disease, is the result of vicious habits, that could have been avoided in the first instance, but through ignorance, social environment, the person indulged in alcoholic stimulants, and so produced the dipsomania or uncontrollable condition of drinking.

But although holding these views, they also believe that a class of persons who have insane or inebriate progenitors, or a family history of insanity or inebriety either in the line of direct descent or collateral branches, inherit a neurotic tendency to inebriety, insanity, epilepsy, hysteria, etc. That while a person with a sober and healthful ancestry may use alcohol for a long period in moderation and not degenerate into a drunkard or dipsomaniac, that class who inherit the above tendency, who have a "bad family history," will quickly, if they use alcohol, most certainly become dipsomaniacs or uncontrollable drunkards. In other words, they believe that the will-power always remains in sufficient force in those of a neurotic ancestry to resist the use of alcohol or other narcotics, if they so will, and therefore, they are ~~ir~~responsible if they do not exercise that will power. They deprecate the idea of "irresponsible inebriety," of "hereditary inebriety," of inebriety from "necessity" not from "choice," and hide their faces from the truth.

That class of dipsomaniacs that result from head injuries, sunstroke, cerebral disease, or from other causes not dependent upon the exercise of the will, from causes in which there is not an opportunity to exercise the right of choice, these, observers regard as irresponsible.

Again, insane persons cannot in their opinion, be held responsible if they become inebriates, because the will power is destroyed, or at least, held in abeyance. They cannot

exercise the right of choice, they are pyromaniacs, erotomaniacs, kleptomaniacs, dipsomaniacs; but we must show that insanity preceded the inebriety or directly accompanied it.

This in brief is the doctrine of those who oppose hereditary alcoholic inebriety in any form, we confess that we would from choice select these views, we are loath to accept the idea of "irresponsible inebriety" as applied to the first class of cases, but we cannot consult our preferences when we deal with facts.

If ignorance is at the bottom of the whole difficulty, if this is the underlying cause, then the problem resolves itself into simply one of education.

Sober, temperate people with a good ancestry, must remain as such, or they may become drunkards, or if not themselves, they may impress on their children a neurotic temperament to say the least, which will predispose them to inebriety or some kindred neuroses.

Again, those who have a "bad family history," must never, under any circumstances, "touch, taste, or handle" alcohol in any form, as a beverage or as a medicine.

The advice of the old Quaker to his intemperate friend is certainly apropos: "Only open thy hand, friend, and and the glass will drop," certainly if the will power is there, the glass will drop. Nevertheless, let the grand work of education go on, teach the masses what they shall eat and what they shall drink. Let temperance organizations and prohibition clubs wage an uncompromising war with liquor dealers, and pot-house politicians and those who depend on these for political preferment. Let "high license" limit the sale and "no license" stop it altogether. We endorse and fully believe in all efforts directed to suppress a nefarious traffic worse than any that has ever cursed a people. But will these measures restrain or restore a will degenerated and weakened by the excesses of an "alcoholic ancestry." Are there not those who became "inebriates from inheritance," from "necessity" not from "choice"?

We submit to all candid minds the evidence we have

presented in this essay, and ask them to sit in calm judgment on the dispassionate and uniform testimony of men who have made the subject of inebriety a life study ; under whose professional eye thousands of inebriates have passed, by whose skillful treatment and advice many have been saved, men who have not presented theories or finely spun sophistries, but willingly and cheerfully give in their testimony and affirm what they know according to their "best knowledge and belief."





